

## EXHIBIT E

## STATE OF ARKANSAS

ARKANSAS DEPARTMENT OF HEALTH  
Vital Records  
CERTIFICATE OF DEATH

FILE NUMBER 2018020274

3 3 0 7 0 8 1 0 0

1a. DECEDENTIS LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) BARBARA JEAN BROWN				2. SEX FEMALE	3a. DATE OF DEATH AUG. 27, 2018	3b. TIME OF DEATH 06:20 PM
4. SOCIAL SECURITY NO. [REDACTED]-2683	5a. AGE AT LAST BIRTHDAY 87	5b. UNDER 1 YEAR Months: 0 Days: 0	5c. UNDER 1 DAY Hours: 0 Minutes: 0	6. DATE OF BIRTH 1931	7. BIRTHPLACE (City and State or Foreign Country) SHERIDAN, AR	
8a. RESIDENCE STATE OR FOREIGN COUNTRY ARKANSAS		8b. COUNTY NEVADA		8c. CITY OR TOWN PRESCOTT		
8d. NUMBER AND STREET 118 RIDGEWOOD RD			8e. APT. NO.	8f. ZIP CODE 71857-2803	8g. INSIDE CITY LIMITS? YES	
9. EVER IN US ARMED FORCES? NO		10. MARITAL STATUS AT TIME OF DEATH MARRIED		11. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) HERMAN BROWN		
12a. IF DEATH OCCURRED IN A HOSPITAL HOME		12b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL DECEDENT'S HOME			12c. COUNTY OF DEATH NEVADA	
12d. FACILITY NAME (If not institution, give number & street) HOME		12e. CITY OR TOWN PRESCOTT			12f. ZIP CODE 71857-2803	
13. FATHER'S NAME (First, Middle, Last) MARCUS NEWTON SHELTON		14. MOTHER'S NAME (PRIOR TO FIRST MARRIAGE (First, Middle, Last) LAURA JANE WALKER				
15a. INFORMANT'S NAME HERMAN BROWN	15b. RELATIONSHIP TO DECEDENT HUSBAND	15c. MAILING ADDRESS (Number and Street or P.O. Box, City, State, Zip Code) 118 RIDGEWOOD RD, PRESCOTT, AR, 71857-2803				
16a. METHOD OF DISPOSITION BURIAL	16b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) PINEY GROVE CEMETERY	16c. LOCATION II CITY, TOWN, AND STATE PRESCOTT, ARKANSAS				
17a. EMBALMER'S NAME CARLTON EDWARD MCKINNON	17b. EMBALMER'S LICENSE # 21333	17c. SIGNATURE (FUNERAL SERVICE LICENSEE OR OTHER AGENT) /s/ BEN L BRAZZEL			17d. LICENSE # 070	
18a. DATE PRONOUNCED DEAD AUG. 27, 2018	18b. TIME PRONOUNCED DEAD 06:20 PM	18c. NAME AND TITLE OF PERSON PRONOUNCING DEATH (PRINT / TYPE) DAVID JAMES GUMMESON, CORONER			19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	
20. PART I. Enter the chain of events, diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.					CAUSE OF DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death)					APPROXIMATE INTERVAL: Onset to Death	
a. UNKNOWN NATURAL CAUSES					UNKNOWN	
b. COMPLICATIONS FROM NEOPLASM OF THE STOMACH					MONTHS	
c. N/A					N/A	
d. N/A					N/A	
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					21a. WAS AN AUTOPSY PERFORMED? NO	
UNKNOWN					21b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
22. MANNER OF DEATH NATURAL		23. DID TOBACCO USE CONTRIBUTE TO DEATH? NO			24. IF FEMALE NOT PREGNANT WITHIN THE PAST YEAR	
25a. DATE OF INJURY (Mo/Day/Yr)		25b. TIME OF INJURY	25c. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)			25d. INJURY AT WORK?
25e. LOCATION OF INJURY (Number, Street, Apartment No., City, State, Zip Code)						
25f. DESCRIBE HOW INJURY OCCURRED:					25g. IF TRANSPORTATION INJURY, SPECIFY	
26a. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.						
SIGNATURE: <i>/s/ DAVID JAMES GUMMESON</i>		TITLE: CORONER			DATE: AUGUST 29, 2018	
26b. NAME AND COMPLETE MAILING ADDRESS OF PERSON SIGNING ITEM 26a. (Type / Print) DAVID JAMES GUMMESON, CORONER 1509 NEVADA 18, PRESCOTT, AR, 71857						
27a. SIGNATURE OF REGISTRAR <i>Shirley Louise</i>					27b. FOR REGISTRAR ONLY - DATE FILED AUG. 29, 2018	
* DENOTES AMENDED ITEMS						

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON  
FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

Shirley Louise  
State Registrar

SEP 10 2018

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